

Our Comfort Their Comfort

*Co-creating Comfort in Health
Care Environments*

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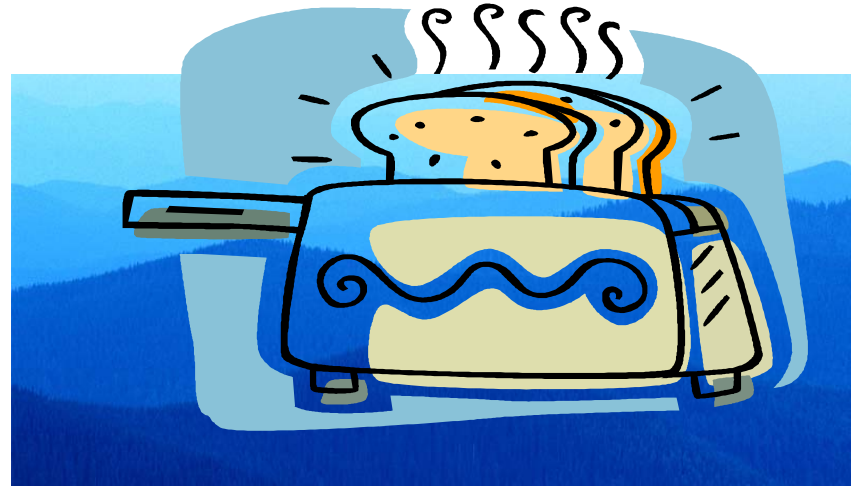
Prepared for Southern
New Hampshire Medical
Center

April 14-15, 2005

What do we mean by comfort?

- Technical Definition (from literature in nursing, psychiatry, ergonomics, theology, psychology, etc)
 - *The immediate experience of being strengthened by having needs for comfort met physically, psychospiritually, socioculturally, and environmentally.*
 - Holistic, simultaneous perception of total comfort, umbrella term
 - Intuitive, not complicated

Examples of things that comfort:



Whose comfort?

- Yours
- Your family
- Your patients
- Your managers and administrators

- What comforts you at home?
- How do you know you are comfortable?
- What comforts your family members at home?
- How do you know your family members are comfortable?

*Comfort: Physical, Psychospiritual,
Sociocultural, and Environmental*

Comfort Zone

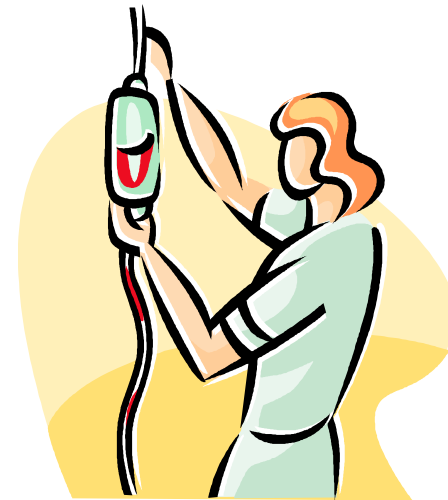


Strengthens us for the tasks ahead.

embeddedness, belonging

“You must get out of your comfort zone ” to do necessary tasks.....

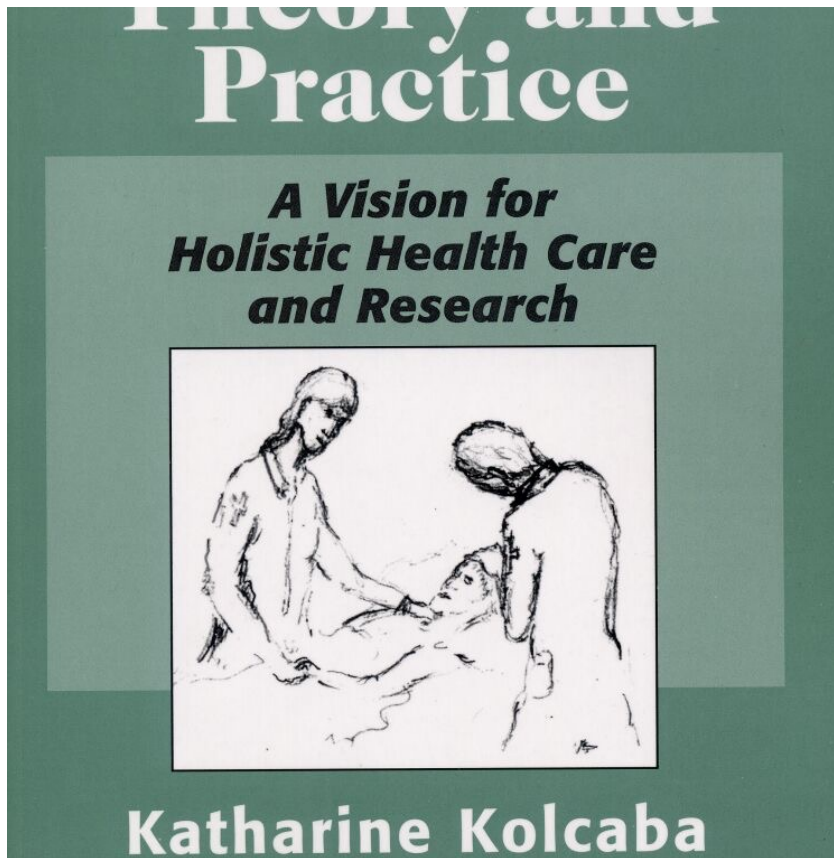
- Go to work
- Work at your highest level
(making patients more comfortable)
- Accept and resolve challenges
- Give of yourself
- Stay healthy and content
- Use time wisely



“Health Seeking Behaviors” (HSBs) of Nurses

- *Better outcomes for your patients*
 - If you are comfortable, patients are more comfortable
 - Other related outcomes (HSBs of patients)
- *Better outcomes for your institution*

You have just learned *Comfort Theory!!*



- 1. Comfort interventions enhance comfort
- 2. Enhanced comfort predicts successful engagement to HSBs
- Successful engagement in HSBs is related to improved institutional outcomes

How do you know your patients are comfortable?

- Ask them! “How would you rate your total comfort from 0 to 10?”
 - What is keeping you from being more comfortable?
 - Documentation similar to pain scales
 - more holistic
 - more reflective of all that you do
- Research: Comfort Questionnaires

Advantages of Comfort Theory at Southern New Hampshire Medical Center

- Everyone is on the same page
- Speaks to your comfort as well as to patients' comfort
- Interdisciplinary
- Documentation of ALL that you do to enhance patients' total comfort and the results of those efforts (patient outcomes)
- A positive indicator for quality of care
- Better outcomes (embeddedness, cost, patient LOS, lower readmissions, etc)
- Magnet Status

International Hospital Outcomes Study

U of Pennsylvania College of Nursing

- Data show that poor work environments for nurses were associated with poor quality of care and adverse patient outcomes
 - 8 developed countries with differently organized and financed health systems
- Magnet standards for hospitals have the same transformational effect in resource-rich hospitals as in resource-poor hospitals

Co-creating a culture of comfort here

- Write policies for your unit that are proactive:
 - Clinical practice guidelines for comfort management
 - Core competencies for comfort management
 - Care plans, assessment, assignments based on comfort needs of patients and nurses
 - Research about comfort studies
 - Comfort is a desired outcome – make it explicit!

Comfort regarding Change

- Change is unrelenting
- Change can be anticipated
- Get ahead of the curve
- Tell “them” about comfort!

Any questions or comments?

Concept Analysis of Nurses' Comfort

Definition: totality of embeddedness in an organization based on physical, psychospiritual, sociocultural, and environmental attributes of an institution or agency



Physical Comfort of Nurses:

Clean, safe environment; attractive, convenient, and clean lounge; restful breaks; good coffee, tea, etc; flexible scheduling; off duty on time; no rotating shifts; continuity of patient care; adequate staffing; resources allocated consistently and fairly; control over resources; equipment that works, is available, is complete; good salary, benefits, profit sharing, retirement; increased routinization; day care available; noise controlled; pleasant and efficient physical layout; enough room to work; self-scheduling;

Psychospiritual Comfort of Nurses:

Job fits with one's own values; managerial support; decrease in non-nursing work; opportunities for advancement; timely feedback on job performance (positive also!); control over practice; freedom to make important patient-care decisions; inter-departmental cooperation; trust in management; sharing of feelings; empowerment; agreement with organization goals & culture; creativity encouraged; support for learning, growth, & development; role clarity; appropriate authority, responsibility, respect, & recognition; skills and talents utilized optimally; positive change models;

Socio-cultural Comfort of Nurses:

Supportive social environment; opportunities to be part of major decisions; information shared by administration; strong communication; cultural & ethnic diversity of patients, families, and staff; mentorship; nurse-physician collaboration; PhD in nursing research on staff; enough time to discuss patient-care problems with other nurses; education provided; teamwork valued; nurse managers strong leaders and advocates for staff;

Organizational (Environmental) Comfort of Nurses:

Distinct and strong nursing department; flat organizational structure; professional milieu for practice; working together for high JCHO scores; none or minimal agency staffing; decreased paperwork and administrative duties; specialty units; work-load adjusted for precepting new nurses & students; visionary leaders; good organizational fit; respect for professional goals;

Any other suggestions?

